



Oak Lawn Fire Department

PUBLIC EDUCATION SAFETY LECTURE REQUEST

1. Requested Date: _____

2. Time requested: _____

*Safety lectures will be conducted between 9am-5pm. Requests must be received a minimum of 30 days prior to requested date.

3. Location: _____

4. Organization making request: _____

4. Contact Person(s): _____

5. Contact(s) phone: _____

6. Number of participants: _____

Mail to: Oak Lawn Fire Department
6451 W. 93rd Place
Oak Lawn, IL 60453
FAX: 708-598-3092

For office use only:

Date request received: _____

Approval date: _____

Approved by: _____